MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (170c) Reg. Dist. No. 185

CERTIFICATE OF DEATH

10672

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital or institution Harford Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hr.
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Centenial St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Dorothy Jane Baldwin

3 (b) If veteran, name war ~~Female~~

3 (c) Social Security No. ———

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ———

6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Aug 9 1939

8. AGE: Years 1 | Months 1 | Days 24 | If less than one day ——— hr. ——— min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business ———

FATHER
12. Name Jefferson Baldwin
13. Birthplace Havre de Grace

MOTHER
14. Maiden Name Margaret Wallbillich
15. Birthplace Balto. Md.

16 (a) Informant Mr. Jefferson Baldwin
(b) Address Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5 1940 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location Havre de Grace Md

18 (a) Funeral director T. Madison Mitchell
(b) Address Havre de Grace, Md.

19 (a) Rec'd (Date rec'd by registrar) (b) James H. Bryan Registrar

MEDICAL CERTIFICATION

20. Date of death October 3 1940, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3 1940, to Oct 3 1940, and that I last saw him alive on Oct 3 1940.

Immediate cause of death	Duration
Fracture of Skull	
Due to	
Due to	
Other conditions Fracture Left Femur	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ———
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10/3/40
(c) Where did injury occur? Havre de Grace (City or town) Harford (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Street (Specify type of place) While at work? No
(e) Means of injury Automobile

23. Signature J. A. Ramsey M. D. Dep. Medical Examiner (M. D. or other)
Address Aberdeen Md. Date signed 10/3/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1940
BUREAU W.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10673

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Bel Air Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Bel Air, Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME Frances Eugenie Boyer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: ✓
6.(c) If alive, give age: ✓ years

7. Birth date of deceased (mo., day, yr.): Sept 29-1904

8. AGE: Years	Months	Days	If less than one day
36	1	2	..... hrs. ..... min.

9. Birthplace: Fountain Green Harford, Md (Town, county, and state)
10. Usual occupation: Nurse
11. Industry or business
FATHER 12. Name: Rezin T Boyer
13. Birthplace: Relay Md
MOTHER 14. Maiden name: Armida Dick
15. Birthplace: Street, Md
16. Informant: Mrs A P Robinson
Address: Bel Air, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 2 1940 (month) (day) (year)
Cemetery or crematory: Mt Zion
Location: Near Bel Air, Md
18. Funeral director: Dean & Foster
Address: Bel Air Md
19. Nov 1st 1940 (Date rec'd by registrar) M E Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 31 1940, at 8 45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 1 1940 to Oct 31 1940 and that I last saw h.. alive on Oct 31st 1940

Immediate cause of death	DURATION
Myocardial failure	
Hypertension — nephritis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: No autopsy
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: W B Hopkins M. D. or other
Address: Bel Air Md Date signed 11/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-50)

CERTIFICATE OF DEATH

10674

Reg. Dist. No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Harford

City or town: Street

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1006 Arlington ave., Govans

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Bertha Jane Brown

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Col.	Widow

6.(b) Name of husband or wife: Joseph Brown

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 20, 1884

8. AGE: Years	Months	Days	If less than one day
56	4	5	hrs. min.

9. Birthplace: Har. Co. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Joshua Gover

13. Birthplace: Black Horse, Md.

MOTHER — 14. Maiden name: Eliza Francis

15. Birthplace: Har. Co.

16. Informant: Mrs Mabel Holland

Address: Street, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 29 1940 (month) (day) (year)

Cemetery or crematory: Piney Grove

Location: Shawsville, Balto Co., Md.

18. Funeral director: E. D. Kurtz & Son

Address: Jarrettsville, Md.

19. Oct 29 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 25 1940 at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1st 1940, to Oct 25 1940 and that I last saw h.er alive on Oct 24 1940

Immediate cause of death	DURATION
Carcinoma of Liver	8 Months
Primary site unknown	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of Liver

Date of op. July 1940

Autopsy results: none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Louis A. Hunt, M.D.

M. D. or other

Address: Cardiff, Md Date signed: 10/26/40

RECEIVED
NOV 5 1940
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

10675

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Edgewood - R F D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Two years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Kentucky County: Jefferson
City or town: Louisville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Mrs Emily Johnstone Calvert

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Edward Calvert
Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 13, 1856

8. AGE: Years	Months	Days	If less than one day
84	6	26	hrs. min.

9. Birthplace: Louisville (Jefferson Co) Ky
(Town, county, and stste)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Chas. M. Johnstone
13. Birthplace: Belfast Ireland

MOTHER
14. Maiden name: Susan Evatt
15. Birthplace: England

18. Informant: Edith Calvert Peirce (Daughter)
Address: Edgewood, Maryland.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 10 10 1940 (month) (day) (year)
Cemetery or crematory: Loudon Park.
Location: Baltimore, Md.

18. Funeral director: Howard K. McComas,
Address: Abingdon, Md.

19. October 9 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 8 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 27 1940, to Oct 8 1940, and that I last saw h[illegible] alive on Oct 7 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage 9-27-40	
Due to: Arterial sclerosis hypertension	Years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Fred O Hodous M.D.
M. D. or other
Address: Edgewood, Md Date signed: Oct 9 40

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93d)

10676

MITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford County
City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (~~yrs.~~, or ~~mos.~~, or days) 28
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Perrymans Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James James G. Cline

3. (b) Social Security Number 218-03-8514

4. Sex male
5. Color or race White
6. (a) Single, married, ~~widowed, or divorced~~ ~~married~~ Widower
6 (b) Name of ~~husband or~~ wife Elena L. Cline
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 5 - 1887
8. AGE: Years 53 Months 6 Days 10 If less than one day hrs. min.
9. Birthplace Marron, Virginia (Town, county, and state)
10. Usual occupation Tractor driver
11. Industry or business On Farm
FATHER 12. Name John J. Cline
13. Birthplace Virginia
MOTHER 14. Maiden name Martha Chapman
15. Birthplace Virginia
16. Informant Hospital records
Address Havre de Grace Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 17th 1940 (month) (day) (year)
Cemetery or crematory Bakers
Location Aberdeen Md
18. Funeral director Henry Tanning Sons
Address Aberdeen Md
19. Oct. 16 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1940, at 6 15 a. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 17 1940, to Oct 15 1940 and that I last saw him alive on Oct 15 1940.
Immediate cause of death Cardiac Insufficiency
Due to Chronic Myocarditis enlarged heart
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other
Address Havre de Grace Md Date signed 10-16-40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

10677

Reg. Dist. No. 152

1. PLACE OF DEATH:
County Harford
City or town Aldino
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 days
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war WW

3.(a) FULL NAME Emory G Copeland

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife Laura Hale
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 12 - 1874

8. AGE: Years	Months	Days	If less than one day
66	-	10	..... hrs. ..... min.

9. Birthplace Grayson Co Va
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Isaac Copeland
13. Birthplace N. C
MOTHER 14. Maiden name Betsy James (Unknown)
15. Birthplace Va
16. Informant Walter Burchett
Address Aberdeen Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24 1940 (month) (day) (year)
Cemetery or crematory Emmanuel Rock
Location Grayson Co Va.
18. Funeral director Whitehill Va.
Address Dean & Foster Bel Air Md
19. Oct 22 1940 (Date rec'd by registrar) M. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1940, at 1 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 1940, to Oct 22 1940
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Septicaemia	1940
Due to Sinusitis	1940
Due to	
Other conditions Acute Interstitial Nephritis	1940

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank Wolbert, M. D.
M. D. or other
Address Havre de Grace Date signed Oct. 22, 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

10678

Reg. Dist. No. 85

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre-de-Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 13 hours

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 715 S. Wolfe

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Eckart

3. (b) Social Security Number 212-07-4576

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband ~~or wife~~ Late Lillian M. Eckart

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 4 - 1881.

8. AGE: Years	Months	Days	If less than one day
59.	3	28	____ hrs. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Labor.

11. Industry or business

FATHER 12. Name Henry B. Eckart

13. Birthplace Germany

MOTHER 14. Maiden name Vera Lafke

15. Birthplace Germany

16. Informant Hospital record.

Address Havre de Grace - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 5 - 1940. (month) (day) (year)

Cemetery or crematory Oak Lawn Cemetery.

Location Baltimore - Md.

18. Funeral director John Ulbrich Jr.

Address 2608 Orleans St. Balto. Md.

19. Oct 2nd 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1940, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Hemorrhage into abd. cavity from crushing wound of	
Due to abdomen	
Probable fractured pelvis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10/1/40

Where did injury occur Havre de Grace (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public Street

Means of injury Automobile Injured at work? No

23. SIGNATURE J. H. Lowney M.D. Dep. Medical M.D. or other Examiner

Address Aberdeen, Md. Date signed 10/2/40

RECEIVED
OCT 9 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

10679

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:
County Harford
City or town Near Shawsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, Institution, or street address where death occurred: In own home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Near Shawsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Ralph H Edie

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Margaret McClung
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 5 1875

8. AGE:

Years	Months	Days	If less than one day
65	7	3	..... hrs. ..... min.

9. Birthplace Norrisville Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name Arthur Edie
13. Birthplace New Jersey
MOTHER 14. Maiden name Letitia Dunn
15. Birthplace Pa
16. Informant Cathy Edie
Address White Hall Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 11 1940 (month) (day) (year)
Cemetery or crematory Norrisville
Location Norrisville Md
18. Funeral director W Young Mabb
Address Fawn Grove Pa
19. Oct 11 1940 (Date rec'd by registrar) Thomas R Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8th 1940, at 10a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1940, to Oct 8 1940
and that I last saw him alive on Oct 6th 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Grace M Free M.D. (M.D. or other)
Address Quarryville Pa Date signed Oct 9 40

RECEIVED
NOV 5 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

WITHIN CORPORATE LIMITS OF

10680

CERTIFICATE OF DEATH

Reg. Diat. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All her life

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? 2 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. 715 S. Union Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Elmira Ellis

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife James Ellis

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 9, 1907

8. AGE: Years 33 | Months 4 | Days 25 | If less than one day ____ x hrs. ____ + min.

9. Birthplace Havre de Grace, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name John Richardson

13. Birthplace Havre de Grace, Md.

MOTHER 14. Maiden name Harriet Leggan

15. Birthplace Havre de Grace, Md.

16. Informant Harford Memorial Hospital

Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof 10 8 40 (month) (day) (year)

Cemetery or crematory St. James Cemetery

Location Havre de Grace, Md.

18. Funeral director Elmer E. Bullock

Address Havre de Grace, Md.

19. Oct 7 1940 (Date rec'd by registrar) Jane H. Bayne, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4th 1940, at 9.45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1940, to Oct 4 1940

and that I last saw h[illegible] alive on Oct 4 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Hypertension Nephritis, acute.	
Due to The cause of death was cerebral hemorrhage. C.W.B.P.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ____ Date of op. ____

Autopsy results ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE [illegible] M. D. or other

Address Havre de Grace Md. Date signed 10-4-40

RECEIVED
NOV 5 1940
U.S. DEPT. OF AGRICULTURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

10681

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Perryman

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 67 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Perryman Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Laura Emilie Emmord

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

B (b) Name of husband or wife: John Henry Emmord

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 21, 1853

8. AGE: Years: 86 | Months: 10 | Days: 10 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore Md

(Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER 12. Name: John George Lantz

13. Birthplace: Germany

MOTHER 14. Maiden name: Mary Margaret Elizabeth Rieg

15. Birthplace: Germany

16. Informant: Mrs M. L. Bombolie

Address: Perryman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 (month) 4 (day) 1940 (year)

Cemetery or crematory Spesutia

Location Perryman, Md.

18. Funeral director Howard K. McComas,

Address Abingdon, Md.

19. October 2, 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to Oct 1 1940, and that I last saw her alive on Oct 1 1940.

	DURATION
Immediate cause of death: Cardio Renal Vascular Disease	
Due to: Age	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H K Delaney M D

M. D., or other

Address Perryman Md Date signed Oct 7 1940

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1246

CERTIFICATE OF DEATH

10682

Reg. Dist. No. 187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 18 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Baltimore St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Yes

3. (a) FULL NAME: Neal Conly Hand

3. (b) Social Security Number: 705-09-5007

4. Sex	5. Color or race	8. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Helen S. Hand
6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Feb. 11th 1884

8. AGE:

Years	Months	Days	If less than one day
56	8		hrs. min.

9. Birthplace: New Castle Co. Del
(Town, county, and state)
10. Usual occupation: Engineer
11. Industry or business: P. R. R.

FATHER
12. Name: Clifford Hand
13. Birthplace: New Castle Del.

MOTHER
14. Maiden name: Mary McCrea
15. Birthplace: New Castle Del

16. Informant: Mrs. Helen S. Hand.
Address: Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 19-1940 (month) (day) (year)
Cemetery or crematory: Asbury Cem Co
Location: Aberdeen Md

18. Funeral director: Henry Fanning & Sons
Address: Aberdeen Md

19. Oct 17 1940 (Date rec'd by registrar) O. C. Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 16th 1940 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1938 to Oct 1940, and that I last saw him alive on October 16 1945.

Immediate cause of death	DURATION
Myocardial failure	1 Day
Due to Chronic passive Congestion	1 Wk
Due to Cirrhosis of liver	—
Other conditions Arthritis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Maud Wolbert M.D.
M. D. or other
Address: Havre de Grace Md Date signed Oct 16

RECEIVED
NOV 2 1948
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (174)

CERTIFICATE OF DEATH

10683

Reg. Dist. No. 180

1. PLACE OF DEATH:

County Harford

City or town Edgewood (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Dead on arrival

Hospital, institution, or street address where death occurred:
Station Hospital - Edgewood Arsenal

How long in hospital or institution? Dead on Arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Harford

City or town Rutledge (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war no

3.(a) FULL NAME Arthur Eugene Hess

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Elizabeth N. Hess

6.(c) If alive, give age About 25 years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1903

8. AGE: Years	Months	Days	If less than one day
37	7	27	..... hrs. ..... min.

9. Birthplace Hess Harford Co Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business County Roads

FATHER 12. Name George Hess

13. Birthplace Harford Co, Md.

MOTHER 14. Maiden name Anne Hess

15. Birthplace Rutledge Md

16. Informant Harry Hess

Address Fallston Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 14-40 (month) (day) (year)

Cemetery or crematory Good will

Location Rutledge Md

16. Funeral director E. J. Kurtz & Son

Address Jarrettsville Md

19. October 12 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940 at 1:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Basal Fracture of Skull	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 10/12/1940

Where did injury occur? Near Fallston (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Gravel Quarry

Means of Injury Truck Injured at work? yes

23. SIGNATURE J. H. Ramsey M.D. Deputy Medical Examiner

Address Aberdeen Date signed 10/12/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (S)

CERTIFICATE OF DEATH

10684

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Joppa Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Home

Stay in hospital or inst. (yrs., or mos., or days): ~

Stay in this community (yrs., or mos., or days): 10 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harfor

City or town: Joppa Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mable Howell

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	~

6 (b) Name of husband or wife: ~

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 1st 1940

8. AGE: Years: ~ Months: ~ Days: ~ If less than one day: 0 hrs. min.

9. Birthplace: Joppa Md. (Town, county, and state)

10. Usual occupation: ~

11. Industry or business: ~

FATHER — 12. Name: Mr M.O. Howell

13. Birthplace: Elkton N. Carolina

MOTHER — 14. Maiden name: Arlenton Gerby

15. Birthplace: Rock Creek N.C.

16. Informant: Mrs M.O. Howell

Address: Joppa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 2 1940 (month) (day) (year)

Cemetery or crematory: Cemetery Oak Grove

Location: near Bel Air, Md.

18. Funeral director: Howard K. McComas,

Address: Abingson, Md.

19. October 1 1940 (Date rec'd by registrar) Emily M Shipley, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 1 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1st 1940, to 19; and that I last saw h alive on 19

Immediate cause of death: Stillborn	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Fred O Hodous M.D. M. D. or other

Address: Edgewood Md. Date signed Oct 1st

RECEIVED
NOV 6 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

10685

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:
County Harford
City or town near Jarrettsville (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md County Harford
City or town near Jarrettsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Jane Johnson

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	Colored	widow

6 (b) Name of husband or wife Joshua Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1855

8. AGE: Years	Months	Days	If less than one day
85	6	10	hrs. min.

9. Birthplace Harford Co. Md (Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Daniel Cook
FATHER 13. Birthplace Not Known
MOTHER 14. Maiden name Not Known
MOTHER 15. Birthplace not Known
16. Informant Nicholas Johnson
Address Rocks, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Oct. 7, 1940 (month) (day) (year)
Cemetery or crematory St James Federal Hill
Location
18. Funeral director E. G. Kurtz & Son
Address Jarrettsville, Md
19. Oct 7 1940 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4, 1940, at 5:32 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 28 1940 to October 4 1940, and that I last saw her alive on October 4 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	8 days
Due to Senile arteriosclerosis and	many
Hypertensive Cardio-vas-	years
Due to cular disease	?
Other conditions Providentia (uterus)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Melvin N. Borden M.D. M. D. or other
Address Jarrettsville, Md. Date signed 10/7/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (156-a)

10686

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford
City or town Havre-de-Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. ~~(yrs., or mos., or days)~~ 3 hours
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Street, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard Neeper

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) ~~Single~~ married, ~~widowed, or divorced~~ Married
B (b) Name of ~~husband or~~ wife Bertha Neeper
Alive
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 12 - 1898
8. AGE: Years 42 Months 1 Days 11 If less than one day hrs. min.
9. Birthplace Harford Co., Maryland
(~~Town~~, county, and state)
10. Usual occupation Laborer at Edgewood, Md
11. Industry or business
FATHER
12. Name Samuel Neeper
13. Birthplace Harford Co., Md
MOTHER
14. Maiden name Ruth McGlothlin
15. Birthplace Harford Co., Md.
16. Informant Hospital records
Address Havre De Grace, Md.
17. Burial (Burial, ~~cremation, or removal~~ Which?) Date thereof Oct. 25, 1940 (month) (day) (year)
Cemetery or crematory Tabernacle Cem
Location Harford Co., Md.
18. Funeral director H. S. Bailey
Address Darlington, Md.
19. Oct. 23 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1940, at 6 15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death
Fracture of Skull
Intracranial hemorrhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide accident Date of 10/22/40
Where did injury occur? near Edgewood (City or town) Harford (County) Md. (State)
Injured at home, farm, industry, public place (where?) Restaurant
Means of injury Fell down Steps Injured at work? No

23. SIGNATURE J H Ramsey M.D. Deputy medical Examiner M.D. or other
Address Aberdeen, Md Date signed 10/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
NOV 5 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

10687

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Near Dublin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Near Dublin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Samuel J. Neeper

3. (b) Social Security Number None

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of wife: Ruth A. Neeper

6(c) If alive, give age: alive years

7. Birth date of deceased (mo., day, yr.): July 17 1867

8. AGE: Years 73 | Months 2 | Days 23 | If less than one day: hrs. min.

9. Birthplace: Harford Co., Md
(City, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: James K. Neeper

13. Birthplace: Unknown

MOTHER 14. Maiden name: Sarah E. McFadden

15. Birthplace: Unknown

16. Informant: Mrs. Samuel J. Neeper

Address: Street, Md.

17. Burial (Burial, cremation, removal, entombment) Date thereof Oct. 14, 1940 (month) (day) (year)

Cemetery or crematory: State Ridge Cem

Location: York Co. Penna

18. Funeral director: H. S. Bailey

Address: Darlington Md.

19. Oct. 13, 1940 (Date rec'd by registrar) M. A. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1940, at 12 45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to Oct. 11 1940, and that I last saw him alive on Oct 11 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	Oct 9
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Josiah A. Hunt M.D.
M. D. or other

Address Cardiff, Md. Date signed 10/14/40

FILED
NOV 6 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-a

10688

CERTIFICATE OF DEATH

Reg. Dist. No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 415

1. PLACE OF DEATH:
County Harford
~~City~~ or town Pylesville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie F. Pringle

3. (b) Social Security Number

4. Sex: F
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan. 12, 1940
8. AGE: Years | Months: 9 | Days: 10 | If less than one day: hrs. min.
9. Birthplace: Harford Co. Md. (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: William Pringle
13. Birthplace: South Carolina
MOTHER 14. Maiden name: Mary Leonard
15. Birthplace: Harford Co. Md.
16. Informant: Mrs. Pringle
Address: Pylesville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 24 1940 (month) (day) (year)
Cemetery or crematory: Chestnut Grove,
Location: Rocks, Md.
18. Funeral director: Hubert P. Harkins
Address: Delta, Pa.
19. Oct 23, 1940 (Date rec'd by registrar) H. J. S. McNabb Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 22, 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 21, 1940, to Oct. 22, 1940, and that I last saw h[illegible] alive on Oct. 22, 1940.

	DURATION
Immediate cause of death: Gastro-intestinal influenza followed by bronchial pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. E. Arthur M. D. or other
Address: Cardiff Md Date signed Oct. 24/40

RECEIVED
NOV 6 1940
BUREAU V. T.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10689

Reg. Dist. No. 184

1. PLACE OF DEATH:
County: Harford
City or town: Street, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Hafford
City or town: Stret, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Walter Proctor

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife: Margaret Proctor
6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): January 10, 1862

8. AGE:

Years	Months	Days	If less than one day
78	9	16	hrs. min.

9. Birthplace: Harford Co. Md.
(Town, county, and state)
10. Usual occupation: Retired Merchant
11. Industry or business

FATHER
12. Name: Thomas Proctor
13. Birthplace: Harford Co. Md.

MOTHER
14. Maiden name: Martha Bennington
15. Birthplace: Harford Co. Md.

16. Informant: G. Earl Proctor
Address: Street, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 29, 1940 (month) (day) (year)
Cemetery or crematory: Slate Ridge Cemetery
Location: Delta, Pa.

18. Funeral director: Hubert P. Harkins
Address: Delta, Pa.

19. Oct. 28, 1940 (Date rec'd by registrar) H. J. S. McNall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 26 1940, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 1938 to Oct. 26 1940, and that I last saw him alive on Oct 26 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Mitral Regurgitation	20 years
Due to: Chronic Myocarditis	15 years
Due to:	
Other conditions: Hypertension	10 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Alan E. Smith MD (M. D. or other)
Address: Delta Pa Date signed 10-28-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 6 1940
U. S.

VS A15 (M) MARGIN RESERVED FOR BINDING (1) PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (T)

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

10690

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford -
City ~~or town~~ Havre de Grace - Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? nearly all his life.
~~Hospital, institution, or~~ street address where death occurred: 634 - Ontario St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford.
City ~~or town~~ Havre de Grace -
(If outside city or town limits, write RURAL and give nearest town)
Street No. 634 - Ontario St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Frederick W. Reasin.

3. (b) Social Security Number

4. Sex: male
5. Color or race: white
6.(a) ~~Single~~, married, ~~widowed, or divorced~~: married.
6.(b) Name of ~~husband or~~ wife: Emma Sheridan Reasin
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): April 2 - 1859.

8. AGE: Years 81 | Months 6 | Days 16 | If less than one day ..... hrs. ..... min.

9. Birthplace: Havre de Grace - Harford Co., Md.
(Town, county, and state)
10. Usual occupation: Retired Painter.
11. Industry or business
FATHER
12. Name: Samuel Reasin.
13. Birthplace: Havre de Grace - Md.
MOTHER
14. Maiden name: Emily Barnes.
15. Birthplace: Cecil Co., Md.
16. Informant: S. Russell Reasin.
Address: Green St. Hdeg. Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Oct. 21 - 1940 (month) (day) (year)
Cemetery ~~or crematory~~: Angel Hill Cemetery.
Location: Havre de Grace - Md.
18. Funeral director: Pennington & Son.
Address: Havre de Grace - Md.
19. Oct. 21 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 18 1940, at 10:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1940, to Oct 18 1940 and that I last saw him alive on Oct 18 1940
Immediate cause of death: Coronary Occlusion
Due to: Chronic Myocarditis
Due to: Cardiac Hypertrophy
Other conditions
(Include pregnancy within 3 months of death)
DURATION
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: A S Lewis MD M. D. or other
Address: Havre de Grace Md Date signed 10-20-40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10691

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Perry Point, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Still Born Rinaldo.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Still born infant

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 23-1940

8. AGE: Years | Months | Days | If less than one day: Still born hrs. min.

9. Birthplace Havre de Grace Harford Co. Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Libero Rinaldo
13. Birthplace Italy

MOTHER
14. Maiden name Genevieve Ragano
15. Birthplace Italy

16. Informant Father of infant Libero Rinaldo

Address Perry Point, Cecil co., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 24, 1940 (month) (day) (year)

Cemetery or crematory Hopewell cem.

Location Port Deposit Cecil co. Md

18. Funeral director Lee A. Patterson

Address Perryville, Md.

19. Oct. 24 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1940, at 5-25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death

Due to Still born

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles J Foley MD M. D. or other

Address Havre de Grace Md. Date signed 10/23/40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

10692

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford

City or town Rural Aberdeen
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 75 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Harford

City or town Rural Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.D. #1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John Runan

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Rachel Eliz. Runan

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 2 1865

8. AGE: Years 75 | Months 7 | Days 29 | If less than one day ___ hrs. ___ min.

9. Birthplace Havre de Grace Md.
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business —

FATHER
12. Name John Runan
13. Birthplace Md

MOTHER
14. Maiden name Annie
15. Birthplace Md.

16. Informant Mrs. Laura E. Markline
Address Aberdeen Md. R.D. #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 3, 1940 (month) (day) (year)

Cemetery or crematory Smith Chapel Cem.

Location Churchville Harford Co.

18. Funeral director R. Madison Mitchell

Address Havre de Grace Md.

19. Nov. 2 1940 (Date rec'd by registrar) O C Michael Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1940, at 2 50/60 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to Oct 31 1940, and that I last saw him alive on Oct 31 1940.

Immediate cause of death: Cardiac Insufficiency

Due to Chronic Diffuse Nephritis - Arterio-Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O S Lewis MD M. D. or other

Address Havre de Grace Md Date signed 11-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

10693

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre De Grace

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 mo.

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen, Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: George Oliver Sampson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Gertrude Sampson

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 2 - 1877

8. AGE: Years	Months	Days	If less than one day
63	7	11	hrs. min.

9. Birthplace: Hopewell, Harford Co. Md.

(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER — 12. Name: George Forard

13. Birthplace: Harford Co. Md

MOTHER — 14. Maiden name: Mary J Sampson

15. Birthplace: Harford Co. Md.

16. Informant: Hospital Records.

Address: Havre De Grace Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct 15, 1940 (month) (day) (year)

Cemetery or crematory: Rock Run Cem

Location: Harford Co, Md

18. Funeral director: H. S. Bailey

Address: Darlington Md.

19. Oct. 14 40 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 13 19 40, at 11:40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 19 40, to Oct 13 19 40.

and that I last saw him alive on Oct 13 19 40.

Immediate cause of death	DURATION
Cardiac decompensation	
Due to Chronic Myocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Cate of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. Lewis MD

M. D. or other

Address: Havre de Grace Md Date signed 10-13-40

RECEIVED
NOV 5 1940
BUREAU V. S.

10694

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(48-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 183 185

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (~~yrs., or mos.~~, or days) Eleven days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Jarrettsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Dorothy Seward

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or ~~wife~~ Edward Osbury Seward

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) August 25-1884

8. AGE: Years 56 Months 2 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Red Line, Pennsylvania
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Beckstedt
13. Birthplace Germany

MOTHER
14. Maiden name Anna Wilhelm
15. Birthplace Germany

18. Informant Hospital Records

Address

17. Brial
(Burial, cremation, or removal. Which?)

Date thereof Nov 1 40
(month) (day) (year)

Cemetery or crematory Wm Watters

Location Cooptown Harfd co

18. Funeral director E S Kurtz & Son

Address Jarrettsville Md

19 Nov. 1 1940 Thomas R Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1940, at 10 55 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 1940, to Oct 29 1940

and that I last saw h ___ alive on ___ 19 ___

Immediate cause of death Carcinoma uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Havre de Grace Md Date signed 11-1-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
U. S.

10695

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:

County: Harford

City or town: Norrisville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Harford

City or town: Norrisville (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Anna M. Strawbridge

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Jerry Strawbridge

6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Feb 19 1875

8. AGE: Years: 65 Months: 8 Days: 12 If less than one day: hrs. min.

9. Birthplace: Lancaster Pa (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Housekeeping

FATHER: 12. Name: John Lockman

13. Birthplace: Lancaster Pa

MOTHER: 14. Maiden name: Mary Ann Lenn

15. Birthplace: Lancaster Pa

16. Informant: Jerry Strawbridge

Address: Norrisville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 2, 1940 (month) (day) (year)

Cemetery or crematory: Norrisville

Location: Norrisville Md

18. Funeral director: H. Howard Webb

Address: Fawn Grove Pa

19. Nov 2 1940 Thomas Brown (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 31 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to Oct 28 1940 and that I last saw her alive on Oct 28, 1940

Immediate cause of death: Apoplexy; left sided hemiplegia

Due to: Hypertension & arteriosclerosis

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 3 days

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Edward H. Hyson M. D. or other

Address: Fawn Grove, Pa Date signed: Oct 30, 1940

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

10696

Reg. Dist. No. 165

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or insl. (yrs., or mos., or days) 3 das.
Stay in this community (yrs., or mos., or days) 3 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Aldino Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Harris Archer Trago.

3. (b) Social Security Number 216-05-8166

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mary E. Trago
6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) September 11 - 1879.

8. AGE:

Years	Months	Days	If less than one day
61		27	hrs. min.

9. Birthplace Churchville Md. (Town, county, and state)
10. Usual occupation Miller
11. Industry or business
FATHER 12. Name Arthur Trago
13. Birthplace Md.
MOTHER 14. Maiden name Alice Coal
15. Birthplace Md.
16. Informant Hospital Records.
Address Havre de Grace Md
17. Burial Date thereof Oct. 10th 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Churchville
Location Churchville Harford Co. Md
18. Funeral director Henry Tarring & Sons
Address Aberdeen Md
19. Oct. 9 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8th 1940, at 10:57 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1940, to Oct 8 1940, and that I last saw him alive on Oct 8 1940

Immediate cause of death	Cerebral hemorrhage	5 days
Due to	Essential Hypertension	3 years
Due to		
Other conditions	Left Paraplegia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Ralph Hurley M.D.
Address Churchville Md M. D. or other
Date signed Oct 9 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
U. S. DEPT. OF AGR.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

WITHIN CORPORATE LIMITS of

10697

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford

City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Harford Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) 16 hours.

Stay in this community (yrs., or mos., or days) 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre De Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 829 Erie St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Turner

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband or wife Helen Turner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1889.

8. AGE:

Years	Months	Days	If less than one day
51			____ hrs. ____ min.

9. Birthplace Havre De Grace Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Henry Turner
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden name Elizabeth Brown
15. Birthplace Harford Co. Md.

16. Informant Hosp'l Records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 26, 40 (month) (day) (year)

Cemetery or crematory Mt. Calvary Cemetery

Location Aberdeen, Md.

18. Funeral director Elmer E. Bullock

Address Havre de Grace, Md.

19. Oct. 26 19 ____ (Date rec'd by registrar) J. H. Barry M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22nd 1940, at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause of death Cervical Cord Injury	
Due to Dislocation of 1st & 2nd Cervical Vertebra	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 10/21/40

Where did injury occur? Havre de Grace (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?) Dismantling House

Means of injury Fell off Building Injured at work? Yes

23. SIGNATURE J. H. Ramsey M. D.
Dep. Medical Examiner

Address Aberdeen, Md. Date signed 10/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

10698

Reg. Dist. No.

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Harford
City or town: Emmorton Road Bel Air, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Travelling through
Hospital, Institution, or street address where death occurred: Public highway
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Bel Air
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War

3. (a) FULL NAME: John Walukis (Waluskis)

3. (b) Social Security Number: 218-07-4390

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov-6-1886

8. AGE: Years	Months	Days	If less than one day
53	11		hrs. min.

9. Birthplace: Lithuania (Europe)
(Town, county, and state)
10. Usual occupation: Labor
11. Industry or business: Farm
FATHER 12. Name: Walukas
13. Birthplace: Lithuania
MOTHER 14. Maiden name: Lithuania
15. Birthplace: Lithuania
16. Informant: J. Woodley Richardson
Address: Bel Air Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Oct 10 1940 (month) (day) (year)
Cemetery or crematory: Mt Zion
Location: near Bel Air Md
18. Funeral director: Deaver & Foster
Address: Bel Air Md
19. Oct 9 1940 (Date rec'd by registrar) N. E. Richardson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 8 1940, at 5 00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Never attended, to, 19; and that I last saw h alive on Never saw alive 19

Immediate cause of death	DURATION
Fracture skull	Instant
Due to	
Due to	
Other conditions Fracture both forearms Fracture both legs	

(Includo pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Oct 8, 1940
Where did injury occur? Bel Air (City or town) Harford (County) Md (State)
Injured at home, farm, industry, public place (where?): Public highway
Means of injury: Auto accident Injured at work? No

23. SIGNATURE: Gerald C. Palmer M.D.
Acting deputy medical examiner
M. D. or other
Address: Bel Air, Md Date signed: Oct 8, 1940

RECEIVED
NOV 4 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

WITHIN CORPORATE LIMITS OF

10699

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace Hospital

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Havre de Grace

Stay in hospital or inst. (yrs., or mos., or days) 34 days

Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Rural Havre de Grace Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Martha Priscilla Ward.

3. (b) Social Security Number no

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife -

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 10 1856

8. AGE:

Years	Months	Days	If less than one day
83	9	21	hrs. ____ min.

9. Birthplace Harford Co. Havre de Grace

(Town, county, and state)

10. Usual occupation House work.

11. Industry or business

FATHER

12. Name Jarrett E. Ward.

13. Birthplace Harford Co. Havre de Grace

MOTHER

14. Maiden name Elizabeth Barnes

15. Birthplace Harford Co. Havre de Grace

16. Informant Mrs. Elizabeth Evans

Address Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Oct. 4 1940 (month) (day) (year)

Cemetery or crematory Wesleyan Chapel Cem.

Location Harford Co. Md.

18. Funeral director H. Madison Mitchell

Address Havre de Grace Md.

19. Oct 2nd 1940 (Date rec'd by registrar) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1940 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1935 to Oct 1st 1940, and that I last saw her alive on Oct 1st 1940.

Immediate cause of death	DURATION
Chronic Interstitial Nephritis + Diabetes	
Due to Nephritis	
Due to	
Other conditions Exhaustion	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE F. N. Steiner M. D. or other

Address Havre de Grace Md Date signed 10-2-40

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(124-C)

10700

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Havre De Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days) 12 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre De Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 504 Erie St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Helen Elizabeth Wartilko,

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married,

6 (b) Name of husband ~~or wife~~ Steve Wartilko,
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 28 - 1913

8. AGE:

Years	Months	Days	If less than one day
27		1	____ hrs. ____ min.

9. Birthplace Akron - Ohio
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William James
13. Birthplace Johnsonburg Pa.
MOTHER 14. Maiden name Elizabeth Williams
15. Birthplace
16. Informant Hospital Records.
Address Havre de Grace - Md.
17. Burial - (Burial, cremation, or removal. Which?) Date thereof Nov. 1 1940. (month) (day) (year)
Cemetery ~~or crematory~~ Angel Hill Cemetery.
Location Havre de Grace - Md.
18. Funeral director Pennington & Son,
Address Havre de Grace - Md.
19. Oct. 31 1940 (Date rec'd by registrar) James H. Bay, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29th 1940, at 3:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1940 to Oct 29 1940 and that I last saw h-- alive on Oct 29 1940.

Immediate cause of death	DURATION
Hypertrophic Cirrhosis	
Cardiac Hypertrophy	
Due to Coronary occlusion	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. S. Lewis M.D.
M. D. or other
Address Havre de Grace Md. Date signed 10-29-40

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NOV 5 1940
U. S. C. G. V. E.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

10701

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County Harford County
City or town Havre-de-Grace
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Harford Memorial Hospital
Stay in hospital or inst. (~~yrs.,~~ or ~~mos.~~, or days) Seven day
Stay in this community (yrs., ~~or mos., or days~~) About 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Havre de Grace Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 205 Alliance Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Mary J. Wayne

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband ~~or wife~~ George W. Wayne deceased
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 15 - 1896
8. AGE: Years 44 Months 6 Days If less than one day hrs. min.
9. Birthplace Tacoma Park, Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Thomas E. Marlow
13. Birthplace Laurel, Md
MOTHER
14. Maiden name Mary J. Boswell
15. Birthplace Laurel, Md.
16. Informant Hospital records
Address Havre de Grace - Md.
17. Burial. Date thereof Oct. 21-1940
(Burial, ~~cremation, or removal, which?~~) (month) (day) (year)
Cemetery ~~or crematory~~ Glenwood, D.C.
Location Washington - D.C.
18. Funeral director W. H. Sardo.
Address 412 - H St. N.E.
19. Oct. 19 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1940, at 11 30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10th 1940, to Oct 18th 1940, and that I last saw her alive on Oct 18th 1940.

Immediate cause of death Diabetes Mellitus — DURATION Many Years
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Dt operations None
Dt autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. W. Steiner M. D. or other
Address Havre de Grace Md Date signed 10-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

10702

(170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
County Harford
City or town near Edgewood, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about five years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town near Edgewood, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. near Edgewood, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frederick Weiser

3. (b) Social Security Number

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced ~~unknown~~ divorced
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) unk
8. AGE: Years 57 Months Days If less than one day hrs. min.
9. Birthplace Germany (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name unknown Weiser
13. Birthplace unknown
MOTHER 14. Maiden name unknown
15. Birthplace unknown
16. Informant William Longley
Address Edgewood, Md. R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 10 (month) 24 (day) 1940 (year)
Cemetery or crematory County Home
Location Bel Air, Md.
18. Funeral director Howard K. McComas,
Address Abingdon, Md.
19. October 24 1940 (Date rec'd by registrar) Emily M. Shipley Registrar

MEDICAL CERTIFICATION approx

20. DATE OF DEATH Oct. 20, 1940, at 10 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .
Immediate cause of death Probable Intracranial Hemorrhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of 10/13/40
Where did injury occur? near Edgewood, (City or town) Harford (County) Md (State)
Injured at home, farm, industry, public place (where?) Route # 40
Means of injury auto (Struck By) Injured at work? no

23. SIGNATURE J. H. Ramsey M.D. Dep. Medical Examiner
Address Aberdeen, Md Date signed 10/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 6 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10703

(93-01)

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:

County Harford.

City ~~or town~~ Havre de Grace - md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Harford.

City ~~or town~~ Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No. 723 - Ontario St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William E. Worthington.

3. (b) Social Security Number none.

4. Sex: male

5. Color or race: white

6.(a) ~~Single, married, widowed, or divorced~~: Widower.

6.(b) Name of ~~husband or~~ wife Louisa Green Worthington

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 26 - 1855

8. AGE: Years 84 | Months 11 | Days 19 | If less than one day ..... hrs. ..... min.

9. Birthplace Churchville - Harford Co., md.
(Town, county, and state)

10. Usual occupation Farming -

11. Industry or business

FATHER
12. Name James Worthington
13. Birthplace Darlington, Harf. Co. md.

MOTHER
14. Maiden name Rebecca Evans.
15. Birthplace Churchville - md.

16. Informant Bell Worthington.

Address 1331 - Park ave, Balto., md.

17. Burial - Date thereof Oct. 18 - 1940
(Burial, ~~cremation, or removal. Which?~~) (month) (day) (year)

Cemetery ~~or crematory~~ Churchville Cemetery.

Location Churchville - Md.

18. Funeral director Pennington & Son.

Address Havre de Grace - md.

19. Oct. 17 1940 James H. Bay M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1940, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 11th 1940, to Oct 16th 1940 and that I last saw him alive on Oct 15th 1940

Immediate cause of death: Acute Myocarditis — DURATION: 5 Dys

Due to

Due to

Other conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. W. Steiner M. D. or other

Address Havre de Grace Date signed 10-16-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 5 1940
BUREAU V. S.